

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 16 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis, Mo.Registration District No. 791

Township

Primary Registration District No. 1003City St. Louis, Mo. (No. 1003)

File No.

26871

Registered No.

7102

St. 13 Ward

2. FULL NAME

(a) Residence, No. Lizzie Johnson City Infirmary St. 13 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) X X 18687. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 66 X X8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) X Kentucky13. NAME Nelson Walker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) X Kentucky15. MAIDEN NAME Hannah16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) X Kentucky17. INFORMANT (ADDRESS) J. J. Sullivan 300 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Infirmary DATE 7/19 3419. UNDERTAKER (ADDRESS) J. J. James 2734 Sheridan20. FILED 19 1934 19 Joe J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 193422. I HEREBY CERTIFY, that I attended deceased from March 31 1928 to July 17 1934I last saw her alive on July 17 1934. Death is said to have occurred on the date stated above, at 5:00 am.

The principal cause of death and related causes of importance were as follows:

arteriosclerotic heart disease Date of onset 1928131 95B 131Other contributory causes of importance: Chr. glomerulonephritis 1928

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) Marvin E. Haul, Jr., M. D.(Address) 5600 Arsenal

